

DEFINED BENEFIT PLAN NAME CHANGE FORM



Please complete this form, attach a copy of a valid form of identification (i.e. driver's license, marriage certificate, divorce decree) or legal documentation that has your **current** name, and mail your form to the address at the bottom of the page. You must complete and sign the form in order for us to update your SERS member record. After we update your name in our system, we will notify you in writing, sent to the address in your member record. To change your address in your SERS member record, complete and submit a *Change of Address Form* available at www.SERS.pa.gov.

MEMBER INFORMATION	
Former Full Name (First, MI, Last)	SSN
Street Address	Telephone
City, State, Zip	

UPDATED MEMBER INFORMATION	
Current Full Name (First, MI, Last)	Effective Date
By signing this form, I hereby authorize and request the Pennsylvania State Employees' Retirement System to change my name to the current one listed here. I understand that this change of name will not alter any direct deposit arrangements I may have. I understand that to start or change my direct deposit, I must submit a new <i>Direct Deposit of Annuity Payments</i> form.	
Signature	Date